



CITY OF MONTEREY PARK

320 West Newmark Avenue, Monterey Park, CA 91754
Attn: Bus. License Dept. • (626) 307-1338 • Fax (626) 307-0753

BUSINESS LICENSE APPLICATION

Please
Check One

- NEW APPLICATION ☐
CHANGE OF OWNER ☐
CHANGE OF ADDRESS ☐
CHANGE OF BUSINESS NAME ☐
HOME OCCUPATION ☐

• OFFICIAL USE ONLY •

LICENSE NO. _____
LICENSE FEE \$ _____
PENALTY _____
TOTAL FEE \$ _____
DATE PAID _____
CHECK NO. _____ ☐ CASH
BY: _____

License Reviewed & Approved By:

Bus. Lic. Dept. _____ /
Cert. of Occupancy _____ /
Fire Dept. _____ /
Police Dept. _____ /
Home Occup. Permit Required ☐ Yes ☐ No

Business Name _____

Business Location _____

(Not P. O. Box)

City _____ State _____ Zip _____

Mailing Address _____

(If Different)

City _____ State _____ Zip _____

Bus. Phone () _____ Bus. Fax () _____

E-Mail Address _____

Ownership: ☐ Corporation ☐ Ltd Liability Corp ☐ Partnership ☐ Sole Proprietor ☐ Trust

Start Date _____ Description of Business _____

Business Types: ☐ Retailers ☐ Wholesalers/Manufacturers ☐ Professionals ☐ Services ☐ Home Occupations ☐ Residential/Commercial Rental

State Lic. No. _____ License Type _____ Expiration Date _____

Resale No. _____ Federal I. D. No. _____ State I. D. No. _____

Enter below names of Owners, Partners, or Corporate Officers - Use additional sheets as necessary

Owner Name _____ Title _____ Phone () _____

Home Address _____ City _____ State _____ Zip _____ Cell Phone () _____

Social Security No. _____ Drivers License No. _____

Owner Name _____ Title _____ Phone () _____

Home Address _____ City _____ State _____ Zip _____ Cell Phone () _____

Social Security No. _____ Drivers License No. _____

In case of emergency, please contact:

Name _____ Title _____ Phone () _____

Address _____ City _____ State _____ Zip _____ Cell Phone () _____

Vehicle Insurance Information

Company Name _____

Policy No. _____ Expiration Date _____

PLEASE COMPLETE THE FOLLOWING INFORMATION

No. of
Owner/Professionals

No. of
Non-Prof. Employees

No. of Vehicles

No. of Units

No. of Coin Operated
(Service) Machines

No. of
Game Machines

NOTE: Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. For general information, please call the Board of Equalization at 1-800-400-7115.

PLEASE CALCULATE AMOUNT DUE BY ENTERING INFORMATION IN BOXES BELOW AND SIGN.

Gross Receipts	\$
Base Fee (includes 1 owner)	\$
Professional/ Add'l Owner Fee	\$
Non-Professional Employee Fee	\$
Units Fee	\$
Coin Operated Machine Fee	\$
Vehicle/Delivery Fee	\$
B.I.D. Fee	\$
Penalty Fee	\$
Processing Renewal Fee	\$
TOTAL DUE	\$

I declare under penalty of making a false certification that the foregoing information is true and correct to the best of my knowledge and belief.

Date: _____ Title: _____

Signature: _____

RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS
AND MAKE CHECK PAYABLE TO THE CITY OF MONTEREY PARK

Thank you for doing business in the City of Monterey Park!

White - Original

Canary - Auditor

Pink - Fire Dept.

Goldenrod - Applicant